

## ATTACHMENT LIST FOR MEDICAL SURVEILLANCE REQUIREMENT

Enclosure 1	Item Breakdown Schedule for Services Associated with Solicitation Line Item/Contract Line Item
Attachment 1	Medical Evaluation of Derrickboat Operators and Crane Operators
Attachment 2	Diving Medical Requirements for Government Personnel
Attachment 3	U.S. Office of Personnel Management Guidelines for Medical Determinations related to Employment
Attachment 4	U.S. Civil Service Commission Certificate of Medical Examination
Attachment 5	Sample Letter Occupational Health Tests
Attachment 6	Sample Letter Occupational Health Evaluation
Attachment 7	Health Exam/Test Authorization Form
Attachment 8	Request for Release of Medical Information
Attachment 9	Map and Pittsburgh Field Office Address Directory
Attachment 10	Definitions
Attachment 11	Summary of Projects, Project Codes, No of Employees, Test Locations and Schedule Dates for Physicals.
Attachment 12	General Procedures for Routing
Attachment 13	Medical Evaluation of Underwater Divers

ITEM BREAKDOWN SCHEDULE FOR SERVICES ASSOCIATED WITH SOLICITATION LINE  
ITEM/ CONTRACT LINE ITEM      0001-4001

The Price Breakdown sheet should reflect annual escalation for the option periods, by Exam categories. All exams are completely burdened with all direct and indirect elements and are considered firm fixed prices per category of exam. No additional adjustments will be made to the unit prices proposed, option year escalation should be calculated to address changes in unit prices for the option period services.

**SLIN/CLIN 0001 For Base Annum Services**

Category I Exams

Consist of medical and occupational history, Audiogram testing performed in accordance with the requirement of 29 CPF 1910.95 OSHA Standards, Pulmonary Function Tests (PFT), blood chemistry screen SMAC 21 and one chest X ray every five years.

Unit Price for the exam \_\_\_\_\_ X 395 exams = \_\_\_\_\_ (Total for Category I)

Category II Exams

Consist of a complete physical examination and evaluation to determine the physical qualifications of crane operators

Unit Price for the exam \_\_\_\_\_ X 20 exams = \_\_\_\_\_ (Total for Category II)

Category III Exams

Consist of a complete examination and evaluation to determine the physical qualifications of crane operators. See Attachment #1. Examination includes all Category I tests and histories.

Unit Price for the exam \_\_\_\_\_ X 7 exams = \_\_\_\_\_ (Total for Category III)

Category IV Exams

Consist of a complete examination with a back evaluation. Examination includes all Category I tests and histories.

Unit Price for the exam \_\_\_\_\_ X 30 exams = \_\_\_\_\_ (Total for Category IV )

All exams completed must include a Health data profile, which states at a minimum the tests conducted, the test results and the normal ranges for the specific test.

Audiogram Retests

Unit Price for Audiogram \_\_\_\_\_ X 40 = \_\_\_\_\_ (Total for Audiograms)

Clinical Audiological Evaluation

Unit Price for Audiological \_\_\_\_\_ X 20 = \_\_\_\_\_ (Total for Audiological)

**TOTAL BASE ANNUM** \$ \_\_\_\_\_ (This amount should correspond with Annum Ceiling listed in the Price Schedule of the solicitation)

ITEM BREAKDOWN SCHEDULE FOR SERVICES ASSOCIATED WITH SOLICITATION LINE  
ITEM/ CONTRACT LINE ITEM 0001-4001

**SLIN/CLIN 2001 For Option 2 Services**

**(The period of performance is the effective date of exercise of option thru 12 months thereafter or exhaustion of option ceiling)**

Category I Exams

Consist of medical and occupational history, Audiogram testing performed in accordance with the requirement of 29 CPF 1910.95 OSHA Standards, Pulmonary Function Tests (PFT), blood chemistry screen SMAC 21 and one chest X ray every five years.

Unit Price for the exam \_\_\_\_\_ X 395 exams = \_\_\_\_\_ (Total for Category I)

Category II Exams

Consist of a complete physical examination and evaluation to determine the physical qualifications of crane operators

Unit Price for the exam \_\_\_\_\_ X 20 exams = \_\_\_\_\_ (Total for Category II)

Category III Exams

Consist of a complete examination and evaluation to determine the physical qualifications of crane operators. See Attachment #1. Examination includes all Category I tests and histories.

Unit Price for the exam \_\_\_\_\_ X 7 exams = \_\_\_\_\_ (Total for Category III)

Category IV Exams

Consist of a complete examination with a back evaluation. Examination includes all Category I tests and histories.

Unit Price for the exam \_\_\_\_\_ X 30 exams = \_\_\_\_\_ (Total for Category IV)

**All exams completed must include a Health data profile, which states at a minimum the tests conducted, the test results and the normal ranges for the specific test.**

Audiogram Retests

Unit Price for Audiogram \_\_\_\_\_ X 40 = \_\_\_\_\_ (Total for Audiograms)

Clinical Audiological Evaluation

Unit Price for Audiological \_\_\_\_\_ X 20 = \_\_\_\_\_ (Total for Audiological)

**TOTAL OPTION 1 \$ \_\_\_\_\_ (This amount should correspond with Annum Ceiling listed in the Price Schedule of the solicitation)**

ITEM BREAKDOWN SCHEDULE FOR SERVICES ASSOCIATED WITH SOLICITATION LINE  
ITEM/ CONTRACT LINE ITEM 0001-4001

**SLIN/CLIN 3001 For Option 3 Services**

(The period of performance is the effective date of exercise of option thru 12 months thereafter or exhaustion of option ceiling)

Category I Exams

Consist of medical and occupational history, Audiogram testing performed in accordance with the requirement of 29 CPF 1910.95 OSHA Standards, Pulmonary Function Tests (PFT), blood chemistry screen SMAC 21 and one chest X ray every five years.

Unit Price for the exam \_\_\_\_\_ X 395 exams = \_\_\_\_\_ (Total for Category I)

Category II Exams

Consist of a complete physical examination and evaluation to determine the physical qualifications of crane operators

Unit Price for the exam \_\_\_\_\_ X 20 exams = \_\_\_\_\_ (Total for Category II)

Category III Exams

Consist of a complete examination and evaluation to determine the physical qualifications of crane operators. See Attachment #1. Examination includes all Category I tests and histories.

Unit Price for the exam \_\_\_\_\_ X 7 exams = \_\_\_\_\_ (Total for Category III)

Category IV Exams

Consist of a complete examination with a back evaluation. Examination includes all Category I tests and histories.

Unit Price for the exam \_\_\_\_\_ X 30 exams = \_\_\_\_\_ (Total for Category IV)

All exams completed must include a Health data profile, which states at a minimum the tests conducted, the test results and the normal ranges for the specific test.

Audiogram Retests

Unit Price for Audiogram \_\_\_\_\_ X 40 = \_\_\_\_\_ (Total for Audiograms)

Clinical Audiological Evaluation

Unit Price for Audiological \_\_\_\_\_ X 20 = \_\_\_\_\_ (Total for Audiological)

**TOTAL OPTION 3** \$ \_\_\_\_\_ (This amount should correspond with Annum Ceiling listed in the Price Schedule of the solicitation)

ITEM BREAKDOWN SCHEDULE FOR SERVICES ASSOCIATED WITH SOLICITATION LINE  
ITEM/ CONTRACT LINE ITEM 0001-4001

**SLIN/CLIN 4001 For Option 4 Services**

**(The period of performance is the effective date of exercise of option thru 12 months thereafter or exhaustion of option ceiling)**

Category I Exams

Consist of medical and occupational history, Audiogram testing performed in accordance with the requirement of 29 CPF 1910.95 OSHA Standards, Pulmonary Function Tests (PFT), blood chemistry screen SMAC 21 and one chest X ray every five years.

Unit Price for the exam \_\_\_\_\_ X 395 exams = \_\_\_\_\_ (Total for Category I)

Category II Exams

Consist of a complete physical examination and evaluation to determine the physical qualifications of crane operators

Unit Price for the exam \_\_\_\_\_ X 20 exams = \_\_\_\_\_ (Total for Category II)

Category III Exams

Consist of a complete examination and evalaution to determine the physical qualifications of crane operators. See Attachment #1. Examination includes all Category I tests and histories.

Unit Price for the exam \_\_\_\_\_ X 7 exams = \_\_\_\_\_ (Total for Category III)

Category IV Exams

Consist of a complete examination with a back evaluation. Examination includes all Category I tests and histories.

Unit Price for the exam \_\_\_\_\_ X 30 exams = \_\_\_\_\_ (Total for Category IV )

**All exams completed must include a Health data profile, which states at a minimum the tests conducted, the test results and the normal ranges for the specific test.**

Audiogram Retests

Unit Price for Audiogram \_\_\_\_\_ X 40 = \_\_\_\_\_ (Total for Audiograms)

Clinical Audiological Evaluation

Unit Price for Audiological \_\_\_\_\_ X 20 = \_\_\_\_\_ (Total for Audiological)

**TOTAL OPTION 4 S \_\_\_\_\_ (This amount should correspond with Annum Ceiling listed in the Price Schedule of the solicitation)**

SUMMARY CHART ANNUM CEILINGS ALL PERIODS

BASE TOTAL:	\$ _____
OPTION ONE TOTAL:	\$ _____
OPTION TWO TOTAL:	\$ _____
OPTION THREE TOTAL:	\$ _____
OPTION FOUR TOTAL:	\$ _____
TOTAL ALL PERIODS:	\$ _____

## ATTACHMENT 1

### **MEDICAL EVALUATION OF DERRICKBOAT OPERATORS AND CRANE OPERATORS**

1. The examination must contain the following tests and standards as indicated in Part B, Paragraph 4, of Standard Form 78:

- a. Functional Requirements: Items 2, 5, 10, 11, 12, 13, 14, 18, 20, 21, 22, 24, 28, 29, 30, 32, and 35 (for vision correctable in one eye to 20/50 and 20/30 in the other).
- b. Environmental factors: Items 2, 6, 8, 9, 12, 14, 17, 18, 19, 25, 26, and 28.

2. The minimum tests from Part C of Standard Form 78 include:

- a. Ears - complete Audiometer testing.
- b. Required tests in Paragraph 4 are h, i, j, with EKG, m is the Pulmonary Function Test, n is the SMAC-21 test.

## ATTACHMENT 2

### **DIVING MEDICAL REQUIREMENTS FOR GOVERNMENT PERSONNEL**

1. A negative response to any of the following physical requirements may restrain or limit occupational exposure to hyperbolic conditions depending on severity, presence, or residual effects, response to therapy, number of occurrences, diving mode, or degree and duration of isolation. These items, to include recommendations, will be included in the physician's report medical examination.
  - a. Height and weight. The diver examination must contain an evaluation of muscular development and lean muscle mass in reference to capability to perform the tasks described on the SF78, including the functional requirement and environmental factors.
  - b. Ears, nose, and throat. Audiometric testing must be carried out on every prospective diver. It should be done at 500, 1,000, 3,000, 4,000, and 6,000 Hz.
    - 1) Anatomic abnormalities such as perforated eardrums; marked scarring or thickening of the drum are not in themselves disqualifying.
    - 2) Inability to equalize pressure on both sides of the eardrum is disqualifying
    - 3) Acute or chronic suppurative infection of both sides of the eardrum is disqualifying.
    - 4) Acute or chronic semicircular canal disease will disqualify a diver.
  - c. Eyes. Vision testing should be carried out on every prospective diver. Vision at distance should be 20/30 in best eye with correction.
  - d. Cardiovascular system. Severe valvular disease, cardiac arrhythmias, angina, uncontrolled hypertension, severe peripheral vascular disease should disqualify a diver. Any operations performed to correct the above conditions should also disqualify a diver.
  - e. Pulmonary. A history of spontaneous pneumothorax, bleb disease, significant asthma, clinically apparent TB, or significant scarring from old TB, cystic disease, emphysematous bullae should be considered disqualifying.



ATTACHMENT 2  
(continued)

- f. Gastrointestinal system. Gastrointestinal illness that produces chronic illness or debilitation should be disqualifying. A clinically apparent inguinal femoral, large umbilical or incisional hernia should disqualify the diver until it has been repaired. Hiatal hernias are not disqualifying unless the severity of their symptoms affect the diver's ability to work.
  - g. Central nervous system. Disorders of the vestibular system or a history of seizures are disqualifying. Any history of significant psychoneurotic disorders is disqualifying.
  - h. Endocrine system. Persons with severe diabetes should be disqualified.
  - i. Musculoskeletal. A history of aseptic necrosis of the head of the femur, the shoulders or the knees is disqualifying.
  - j. Hematological. Laboratory evidence of sickle cell disease or trait is disqualifying.
  - k. Genitourinary system. Any significant disease of the kidney which has a systemic effect is disqualifying.
  - l. Behavior. A history of drug abuse or alcohol abuse may be disqualifying.
2. Recommended Examination.
- a. Pre-employment.
    - 1) Central nervous system.
    - 2) Musculoskeletal with X-Ray of knees, shoulders, and head of femur.
    - 3) Ears, nose and throat with audiogram.
    - 4) Eye examination with vision screening
    - 5) Cardiovascular with EKG
    - 6) Pulmonary evaluation with chest film.
    - 7) Gastrointestinal evaluation with check for hernias.
    - 8) Laboratory. Sick Cell Testing
      - SMA - 12
      - CBC with differential urinalysis
  - b. Annually. Annually the diver must receive a complete physical as above with the exception of Musculoskeletal X-Rays, a chest film and Sick Cell testing.

NOTE: Sickie Cell testing and Musculoskeletal X-Rays need only be accomplished during an initial physical.

ATTACHMENT 2  
(continued)

- c. Tri-ennially. Tri-ennially (3 years) the diver must receive an updated chest film.

### ATTACHMENT 3

## **U.S. OFFICE PERSONNEL MANAGEMENT GUIDELINES FOR MEDICAL DETERMINATIONS RELATED TO EMPLOYMENT**

The medical documentation and decision criteria currently used by the Office of Personnel Management in making medical determinations in connection with positions in the Federal competitive service may be helpful in understanding the basis on which OPM's medical reviews are conducted.

Medical documentation, a statement from a physician provided or obtained in connection with medical selections or retention determinations, is reviewed in accordance with this standard. The following kinds of information are required.

### Standard for Medical Documentation

- a. The history of the specific medical condition(s), including references to findings from previous examinations, treatment, and responses to treatment.
- b. Clinical findings from the most recent medical evaluation, including findings of physical examination, results of laboratory tests, X-rays, EKG's and other special evaluations or diagnostic procedures and, in the case of psychiatric disease, the findings of mental status examination and the results of psychological tests;
- c. Assessment of the current clinical status and plans for future treatment;
- d. Diagnosis;
- e. An estimate of the expected date of full or partial recovery;
- f. An explanation of the impact of the medical condition on life activities both on and off the job.
- g. Assessment of the degree to which the medical condition has or has not become static or has stabilized and an explanation of the medical basis for the conclusion;
- h. Narrative explanation of the medical basis for any conclusion that duty restrictions or accommodations are or warranted and, if they are, an explanation of their therapeutic value and the nature of any similar restrictions or accommodations imposed on non-work related activities;

### ATTACHMENT 3 (continued)

- i. Narrative explanation of the medical basis for any conclusion that the individual is or is not likely to suffer injury or harm, with or without accommodation, by carrying out the tasks or duties of a position for which he/she is qualified; and
- j. Assessment of the likelihood of sudden or subtle incapacitation associated with the medical condition and an explanation of the medical basis for the condition.

#### Criteria for Review of Medical Documentation

Review of medical documentation is an assessment of medical documentation by, or in coordination with, a physical to ensure that the following criteria are met;

1. The diagnosis or clinical impression is justified in accordance with established diagnostic criteria, and
2. The conclusion and recommendation are consistent with generally accepted medical principals and practice.

#### Medical Determinations

There is no medical basis for disqualification for selection or retention when review of the medical documentation results in the conclusion that, with respect to questions about performance capability, the individual's medical condition is static or well-established. If review of the medical documentation indicates that the individual's condition is static or well-established, agency management is responsible for assessment of performance ability. If review of the medical documentation indicates that the individual's medical condition is not static or well-established, the agency shall explain the medical basis for the disqualification with reference to the expected extent and rapidity of progression of the condition and the resulting medical contraindications to performance of specific duties of the position.

When review of the medical documentation results in the conclusion that the individual's health status presents an unacceptable risk of future liability because of an established likelihood that the individual will:

- 1) experience sudden or subtle incapacitation due to a medical condition;
- 2) experience further health impairment due to a medical condition, or

ATTACHMENT 3  
(continued)

- 3) transmit a communicable disease; the agency may use the medical conclusion as a basis to disqualify the individual for selection or retention. A disqualification for medical reasons may not, however, be used for non-medical risks of future liability which arise out of conditions of employment.

Form Approved  
Budget Bureau  
No. 50-R0073

1. NAME (last, first, middle)	2. SOCIAL SECURITY ACCOUNT NO.	3. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	4. DATE OF BIRTH
5. DO YOU HAVE ANY MEDICAL DISORDER OR PHYSICAL IMPAIRMENT WHICH WOULD INTERFERE IN ANY WAY WITH THE FULL PERFORMANCE OF THE DUTIES SHOWN BELOW?  <input type="checkbox"/> YES <input type="checkbox"/> NO  <i>(If your answer is YES explain fully to the physician performing the examination)</i>	6. I CERTIFY THAT ALL THE INFORMATION GIVEN BY ME IN CONNECTION WITH THIS EXAMINATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF  <hr/> <i>(signature of applicant)</i>		

1. PURPOSE OF EXAMINATION <input type="checkbox"/> PREAPPOINTMENT <input type="checkbox"/> OTHER (specify)	2. POSITION TITLE
3. BRIEF DESCRIPTION OF WHAT POSITION REQUIRES EMPLOYEE TO DO	

4. Circle the number preceding each functional requirement and each environmental factor essential to the duties of this position. List any additional essential factors in the blank spaces. Also, if the position involves law enforcement, air traffic control, or fire fighting, attach the specific medical standards for the information of the examining physician.

## A. FUNCTIONAL REQUIREMENTS

- |   |   |   |
|---|---|---|
| 1. Heavy lifting, 45 pounds and over      | 15. Crawling (        hours)  | 25. Far vision correctable in one eye to 20/20 and to 20/40 in the other  |
| 2. Moderate lifting, 15-44 pounds         | 16. Kneeling (        hours)  | 26. Far vision correctable in one eye to 20/30 and to 20/100 in the other |
| 3. Light lifting, under 15 pounds         | 17. Repeated bending (        hours)                                  | 27. Specific visual requirements (specify)                                |
| 4. Heavy carrying, 45 pounds and over     | 18. Climbing, legs only (        hours)                               | 28. Both eyes required  |
| 5. Moderate carrying, 15-44 pounds        | 19. Climbing, use of legs and arms                                    | 29. Depth perception  |
| 6. Light carrying, under 15 pounds        | 20. Both legs required  | 30. Ability to distinguish basic colors                                   |
| 7. Straight pulling (        hours)       | 21. Operation of crane, truck, tractor, or motor vehicle              | 31. Ability to distinguish shades of colors                               |
| 8. Pulling hand over hand (        hours) | 22. Ability for rapid mental and muscular coordination simultaneously | 32. Hearing (aid permitted)   |
| 9. Pushing (        hours)                | 23. Ability to use and desirability of using firearms                 | 33. Hearing without aid   |
| 10. Reaching above shoulder               | 24. Near vision correctable at 15" to 16" to larger 1 to 4            | 34. Specific hearing requirements (specify)                               |
| 11. Use of fingers                        |   | 35. Other (specify)   |
| 12. Both hands required                   |   |   |
| 13. Walking (        hours)               |   |   |
| 14. Standing (        hours)              |   |   |

## B. ENVIRONMENTAL FACTORS

- |                                   |  |  |
|-----------------------------------|--|--|
| 1. Outside                        | 11. Silica, asbestos, etc.                     | 20. Working on ladders or scaffolding          |
| 2. Outside and inside             | 12. Fumes, smoke, or gases                     | 21. Working below ground                       |
| 3. Excessive heat                 | 13. Solvents ( <i>degreasing agents</i> )      | 22. Unusual fatigue factors ( <i>specify</i> ) |
| 4. Excessive cold                 | 14. Grease and oils                            | 23. Working with hands in water                |
| 5. Excessive humidity             | 15. Radiant energy                             | 24. Explosives                                 |
| 6. Excessive dampness or chilling | 16. Electrical energy                          | 25. Vibration                                  |
| 7. Dry atmospheric conditions     | 17. Slippery or uneven walking surfaces        | 26. Working closely with others                |
| 8. Excessive noise, intermittent  | 18. Working around machinery with moving parts | 27. Working alone                              |
| 9. Constant noise                 | 19. Working around moving objects or vehicles  | 28. Protracted or irregular hours of work      |
| 10. Dust                          |  | 29. Other ( <i>specify</i> )                   |

1. EXAMINING PHYSICIAN'S NAME (type or print)	3. SIGNATURE OF EXAMINING PHYSICIAN
2. ADDRESS (including ZIP Code)	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;">             _____              (signature)           </div> <div style="width: 45%; text-align: center;">             _____              (date)           </div> </div> <p>IMPORTANT: After signing, return the entire form intact in the pre-addressed "Confidential Medical" envelope which the person you examined gave you.</p>

**IMPORTANT:** After signing, return the entire form intact in the pre-addressed "Confidential Medical" envelope which the person you examined gave you.

## FOR AGENCY USE ONLY

### Part A. TO BE COMPLETED BY APPLICANT OR EMPLOYEE (typewrite or print in ink)

1. NAME (last, first, middle)	2. SOCIAL SECURITY ACCOUNT NO.	3. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	4. DATE OF BIRTH
5. DO YOU HAVE ANY MEDICAL DISORDER OR PHYSICAL IMPAIRMENT WHICH WOULD INTERFERE IN ANY WAY WITH THE FULL PERFORMANCE OF THE DUTIES SHOWN BELOW? <input type="checkbox"/> YES <input type="checkbox"/> NO  <i>(If your answer is "YES" explain fully to the physician performing the examination)</i>		6. I CERTIFY THAT ALL THE INFORMATION GIVEN BY ME IN CONNECTION WITH THIS EXAMINATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.  _____ <i>(signature of applicant)</i>	

### Part D. TO BE COMPLETED BY AGENCY MEDICAL OFFICER (if one is available)

NOTE: Review the attached certificate of medical examination and make your recommendations in item 1 below. If the medical examination was done for pre-appointment purposes, circle the appropriate handicap code in part F.

1. RECOMMENDATION:  <input type="checkbox"/> HIRE OR RETAIN. DESCRIBE LIMITATIONS, IF ANY, HERE.          <input type="checkbox"/> TAKE ACTION TO SEPARATE OR DO NOT HIRE. EXPLAIN WHY.		
2. AGENCY MEDICAL OFFICER'S NAME (type or print)	3. LOCATION (city, State, ZIP Code)	4. DATE

### Part E. TO BE COMPLETED BY AGENCY PERSONNEL OFFICER

NOTE: Enter the action taken below. If this form is used for pre-appointment purposes, be sure the appropriate handicap code in part F is circled. IMPORTANT: See FPM Chapter 293, Subchapter 3; FPM Chapter 339 and FPM Supplement 339-31 for disposition and/or filing of both parts of this form, either separately or together.

1. ACTION TAKEN:  <input type="checkbox"/> HIRED OR RETAINED. <input type="checkbox"/> NON-SELECTED FOR APPOINTMENT, OR ELIGIBILITY OBJECTED TO  <input type="checkbox"/> ACTION TAKEN TO SEPARATE.		
2. AGENCY PERSONNEL OFFICER'S NAME (type or print)	3. SIGNATURE	4. DATE

### Part F. HANDICAP CODE (to be completed only in pre-appointment cases)

If the person examined has or had a handicap listed below, circle the code number which pertains to that handicap. If more than one handicap applies, circle the one considered most limiting. If none of the handicap codes apply, circle code "00".

00 No handicap of the type listed 10 Amputation—one major extremity 11 Amputation—two or more major extremities 20 Deformity or impaired function—upper extremity 21 Deformity or impaired function—lower extremity or back 30 Vision—one eye only 31 No usable vision	40 Hearing aid required 41 No usable hearing 42 No usable hearing, with speech malfunction 43 Normal hearing, with speech malfunction 50 Tuberculosis—inactive pulmonary 51 Organic heart disease (compensated)—valvular, arrhythmia, arteriosclerosis, healed coronary lesions	52 Diabetes—controlled 53 Epilepsy—adequately controlled 54 History of emotional behavioral problems requiring special placement of care 55 Mentally retarded 56 Mentally restored
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1. EXAMINING PHYSICIAN'S NAME (type or print)	3. SIGNATURE OF EXAMINING PHYSICIAN  _____ <i>(signature)</i> <i>(date)</i>
2. ADDRESS (including ZIP Code)	<p style="text-align: center;">IMPORTANT: After signing, return the entire form intact in the pre-addressed "Confidential-Medical" envelope which the person you examined gave you.</p>

NOTE TO EXAMINING PHYSICIAN: The person you are about to examine will have to cope with the functional requirements and environmental factors circled on the other side of this form. Please take them, and the brief description of job duties above them, into consideration as you make your examination and report your findings and conclusions.

1. HEIGHT: \_\_\_\_\_ FEET, \_\_\_\_\_ INCHES. WEIGHT: \_\_\_\_\_ POUNDS.

2. EYES: (A) Distant vision (Snellen): without glasses: right  $\frac{20}{20}$  left  $\frac{20}{20}$ ; with glasses, if worn: right  $\frac{20}{20}$  left  $\frac{20}{20}$   
(B) What is the longest and shortest distance at which the following specimen of Jaeger No. 2 type can be read by the applicant? Test each eye separately.

Jaeger No. 2 Type  
employees in the Federal classified service as may be requested by the Civil Service Commission or its authorized representative. This order will supplement the Executive Orders of May 29 and June 13, 1913 (Executive Order, September 4, 1924).

without glasses: with glasses, if used:  
R. \_\_\_\_\_ in. to \_\_\_\_\_ in. R. \_\_\_\_\_ in. to \_\_\_\_\_ in.  
L. \_\_\_\_\_ in. to \_\_\_\_\_ in. L. \_\_\_\_\_ in. to \_\_\_\_\_ in.

(C) Color vision: Is color vision normal when Ishihara or other color plate test is used? ☐ YES ☐ NO  
If not, can applicant pass lantern, yarn, or other comparable test? ☐ YES ☐ NO

3. EARS: (Consider denominators indicated here as normal. Record as numerators the greatest distance heard.)  
Ordinary conversation: Audiometer (if given):

RIGHT EAR \_\_\_\_\_; LEFT EAR \_\_\_\_\_  
20 ft. 20 ft.

250	500	1000	2000	3000	4000	5000	6000	7000	8000

4. OTHER FINDINGS: In items a through l briefly describe any abnormality (including diseases, scars, and disfigurements). Include brief history, if pertinent. If normal, so indicate.

a. Eyes, ears, nose, and throat (including teeth and oral hygiene)

e. Abdomen

b. Head and back (including face, hair, and scalp)

f. Peripheral blood vessels

c. Speech (note any malfunction)

g. Extremities

d. Skin and lymph nodes (including thyroid gland)

h. Urinalysis (if indicated)

Sp. gr. \_\_\_\_\_ Sugar \_\_\_\_\_ Blood \_\_\_\_\_  
Albumen \_\_\_\_\_ Casts \_\_\_\_\_ Pus \_\_\_\_\_

i. Respiratory tract (X-ray if indicated)

j. Heart (size, rate, rhythm, function)

Blood pressure \_\_\_\_\_

Pulse \_\_\_\_\_

EKG (if indicated)

k. Back (special consideration for positions involving heavy lifting and other strenuous duties)

l. Neurological and mental health

CONCLUSIONS: Summarize below any medical findings which, in your opinion, would limit this person's performance of the job duties and/or would make him a hazard to himself or others. If none, so indicate.

- ☐ No limiting conditions for this job  
☐ Limiting conditions as follows:



ATTACHMENT 5

SAMPLE LETTER OCCUPATIONAL HEALTH TESTS (ROUTINE)

SUBJECT: Occupational Health Medical Examination Results

THRU: CEORP Personnel Office (Pittsburgh)

TO: Employees

1. On \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_  
(day, month, year) (name of employee) (project/element)  
was administered the following medical tests with the results as  
indicated.

TESTS	ACCEPTABLE	SEE PARAGRAPH 2 BELOW
Audiogram (Results attached)		
Pulmonary Function Tests (Can use a Demand Respirator)		
Blood Test SMAC-21		
Back Evaluation		
X-ray		

2. Describe duty limitations and/or need for further testing of  
unacceptable test results.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

Attachment 6

SAMPLE LETTER OCCUPATIONAL HEALTH EVALUATION (ROUTINE)

SUBJECT: Occupational Health Medical Examination Evaluation

TO: COR

1. On \_\_\_\_\_, a \_\_\_\_\_, examination  
(day, month, year) (Cat I, Cat II, Cat III)

was conducted on \_\_\_\_\_,  
(name of employee) (project/element)

2. The results of the evaluation was:

\_\_\_\_\_ Employee can perform required duties.

\_\_\_\_\_ Employee is limited in performance. Indicate  
conditions:

\_\_\_\_\_

3. Pulmonary function test indicates that employee can/cannot  
use a demand respirator.

4. The condition which exists:

\_\_\_\_\_ Is occupational related. The employee should be  
rescheduled for additional tests or consultation.

\_\_\_\_\_ Direct occupational relatedness cannot be  
determined. The employee should consult their own physician.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date



REPLY TO  
ATTENTION OF

ATTACHMENT 7

DEPARTMENT OF THE ARMY  
PITTSBURGH DISTRICT, CORPS OF ENGINEERS  
WILLIAM S. MOORHEAD FEDERAL BUILDING  
1000 LIBERTY AVENUE  
PITTSBURGH, PA 15222-4186

SUBJECT: Health Exam/Test Authorization Form

24 January 1997  
(Date)

TO: Mobile Medical Screening Corporation  
(Clinic of Examining Physician)

1. Mr. «First\_Name» «Last\_Name », «Social\_Security », Date of Birth: «Date\_of\_Birth» is employed as a «Position\_Title» with the Pittsburgh District, U.S. Army Corps of Engineers. Specific laboratory tests and/or physical examination requirements have been established for personnel performing the tasks associated with the position.

2. These tests include examination category «Exam\_Catagory», and is a «Exam\_Type» test/exam.

3. Special tests include «Special Tests».  
(Audiogram Retest, Clinical Audiological Evaluation, Blood Lead Test)

CATEGORY

DESCRIPTION

- I. Includes Audiogram Testing Performed in accordance with the requirement of 29CFR 1910.95 OSHA Standards, Pulmonary Function Tests (PFT), blood chemistry screen SMAC 21 and on chest x-ray every 5 years.
- II. Includes a complete physical examination and evaluation to determine the physical qualifications of Pittsburgh's underwater divers. Examination includes all Category I tests.
- III. Includes a complete examination and evaluation to determine the physical qualifications of crane operators. Examination includes all category I tests.
- IV. Includes a complete examination with a back evaluation. Examination includes all category I tests.

DANIEL FOSTER  
Maintenance Mechanic  
General Supervisor  
3500 Grand Avenue, Neville Island  
Pittsburgh, PA 15225-1584  
(Phone: 412-644-6369)

SUBJECT: Request for Release of Medical Information

TO: Mobile Medical Screening Corp.  
2413 Lytle Road  
Bethel Park, PA 15102  
(412) 835-8358

Please release a copy of my physical examination performed in conjunction with the U.S. Army Corps of Engineers, Pittsburgh District Medical Surveillance Program to:

Physician:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
\_\_\_\_\_

In addition, I request a copy be sent to me at the address shown below:

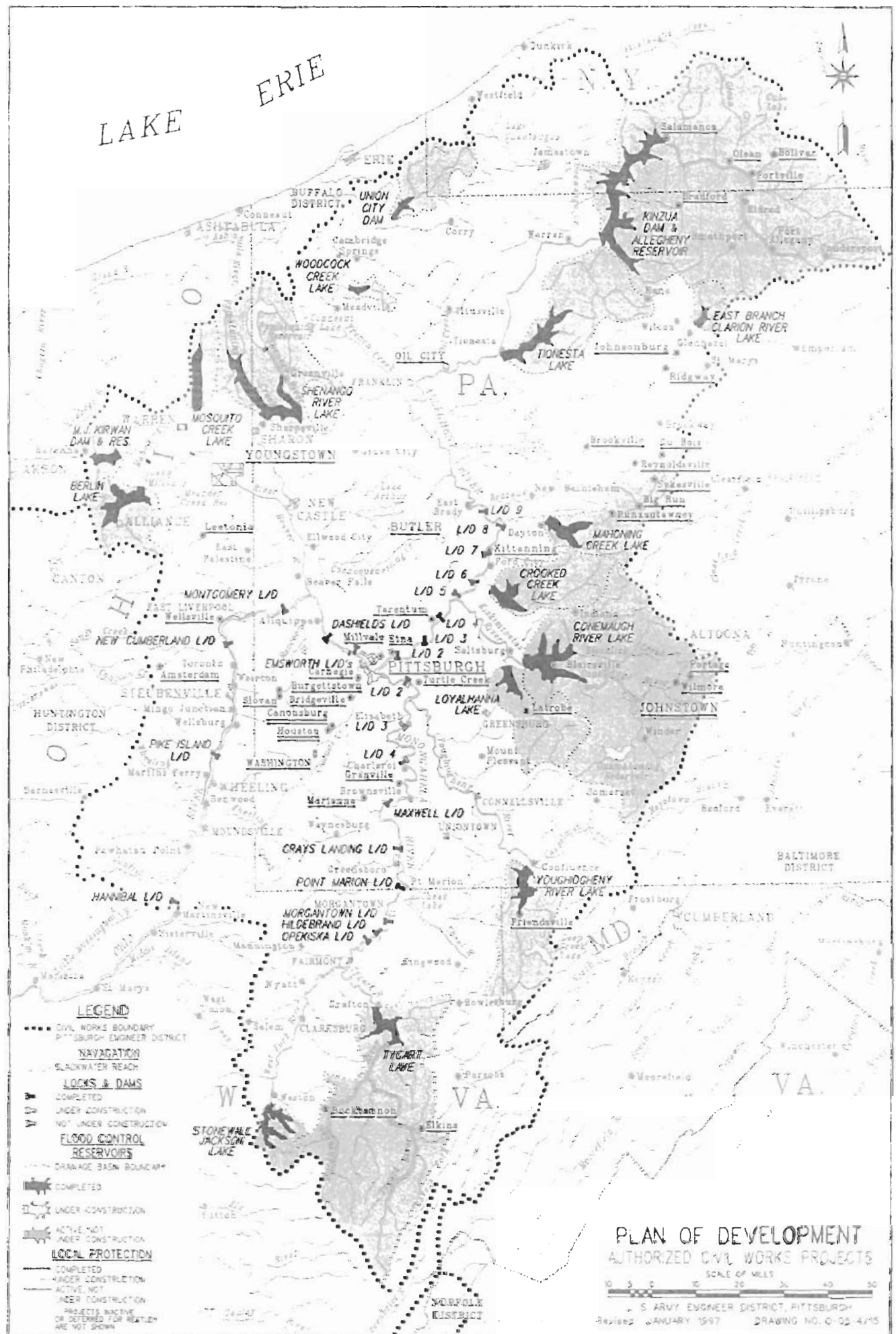
Employee:

«First\_Name» «Last\_Name»  
(Name)

\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

SSN: «Social\_Security»



# Pittsburgh Field Office Address Directory

[ [Pittsburgh Intranet Home Page](#) ] [ [Phone Page](#) ]

To scroll through the list quicker, click below:

**Reservoirs**  
**Other Field Offices**

Locks and Dams		
Ohio River	Allegheny River	Monongahela River
<b>EMSWORTH LOCKS, OHIO RIVER</b> 0 WESTERN AVENUE PITTSBURGH, PA 15202-1708  412-766-6213 FAX x2334 CHRIS JOHNSON OR-EMS Speed Dial *119	<b>LOCK 2, ALLEGHENY RIVER</b> 7451 LOCKWAY WEST PITTSBURGH, PA 15206-1104 412-661-2217 FAX x7894 WILLIAM HEYER OR-AR2 Speed Dial *100	<b>LOCK NO 2, MON. RIVER</b> 11TH STREET BRADDOCK, PA 15104-1704 412-271-1272 FAX x2684 JOHN BOYLE OR-MR2 Speed Dial *109
<b>DASHIELDS L/D, OHIO RIVER</b> 100 DASHIELDS LOCK ROAD CORAOPOLIS, PA 15108-5417 724-457-8430 FAX x6450 D. RUSS MOORE OR-DSH Speed Dial *120	<b>LOCK 3, ALLEGHENY RIVER</b> P.O.BOX 4208 PARNASSUS STATION NEW KENSINGTON, PA 15068-1308 412-828-3550 FAX x4875 WILLIAM HEYER OR-AR3 Speed Dial *101	<b>LOCK 3, MON. RIVER</b> P.O. BOX 455 ELIZABETH, PA 15037-0455 412-384-4532 FAX x2557 BILL HYSMITH OR-MR3 Speed Dial *110
<b>MONTGOMERY L/D, OHIO RIVER</b> 100 MONTGOMERY DAM RD MONACA, PA 15061-2221 724-643-8400 FAX x8081 JOHN ANDERSON OR-MNT Speed Dial *121	<b>LOCK 4, ALLEGHENY RIVER</b> 1 RIVER AVENUE NATRONA, PA. 15065-2609 724-224-2666 FAX x1568 WILLIAM HEYER OR-AR4 Speed Dial *102	<b>LOCK 4, MON. RIVER</b> 1900 GIBSONTON RD. BELLE VERNON, PA 15012-4514 724-684-8442 FAX x7568 GARY HOUSEHOLDER OR-MR4 Speed Dial *111
<b>NEW CUMBERLAND L/D OHIO RIVER</b> P.O. BOX 159 STRATTON, OH 43961-0159 740-537-2571 FAX x5205 GEORGE STEPHEN	<b>LOCK 5, ALLEGHENY RIVER</b> 830 RIVER ROAD FREEPORT, PA 16229-2031	<b>MAXWELL L/D</b> 142 MAXWELL LOCKS AND DAM E. MILLSBORO, PA 15433-1261 724-785-5027 FAX x5030 TODD RANKIN OR-MAX Speed Dial *112
		<b>GRAYS LANDING L/D, MON. RIVER</b> PO BOX 671, ROUTE 166

## ATTACHMENT 9

OR-NCD Speed Dial *122	724-295-2261 FAX x2755 LARRY MCGUIGAN OR-AR5 Speed Dial *103	MASONTOWN, PA 15461-0671 724-583-8304 FAX x8316 WILLIAM BELL OR-GLN Speed Dial *113
<b>PIKE ISLAND L/D, OHIO RIVER</b> RR #1, BOX 33 WHEELING, WV 26003-9701 304-277-2127 FAX x4566 RALPH BRINKER OR-PKI Speed Dial *123	<b>LOCK 6, ALLEGHENY RIVER</b> 1258 RIVER ROAD FREEPORT, PA 16229-2023  724-295-3775 FAX x1920 LARRY MCGUIGAN OR-AR6 Speed Dial *104	<b>POINT MARION L/D, MON. RIVER</b> 304 POWERPLANT ROAD DILLINER, PA 15327-9603 724-725-5289 FAX x1281 FRANK JURCZAK OR-PMN Speed Dial *114
<b>HANNIBAL L/D, OHIO RIVER</b> P.O. BOX 8 HANNIBAL, OH 43931-0008 740-483-2305 FAX x1325 DAVE WALTERS OR-HAN Speed Dial * 124	<b>LOCK 7, ALLEGHENY RIVER</b> P.O. BOX 874 KITANNING, PA 16201-0874 724-543-2551 FAX x2428 LARRY MCGUIGAN OR-AR7 Speed Dial *105	<b>MORGANTOWN L/D, MON. RIVER</b> 26 MORGANTOWN LOCK ROAD MORGANTOWN, WV 26501-2329 304-292-1885 FAX 291-1634 CECIL RICE OR-MOR Speed Dial *115
	<b>LOCK 8, ALLEGHENY RIVER</b> P.O. BOX 157 TEMPLETON, PA 16259-0157 724-548-5119 FAX 724-543-2429 LARRY MCGUIGAN OR-AR8 Speed Dial *106	<b>HILDEBRAND L/D, MON. RIVER</b> 1610 HILDEBRAND LOCK AND DAM ROAD MORGANTOWN, WV 26501-7643 304-983-2300 FAX x2304 CECIL RICE OR-HIL Speed Dial *116
	<b>LOCK 9, ALLEGHENY RIVER</b> P.O. BOX 157 TEMPLETON, PA 16259-0157 724-868-2486 FAX x2846 LARRY MCGUIGAN OR-AR9 Speed Dial *107	<b>OPEKISKA L/D, MON. RIVER</b> 1241 OPEKISKA ROAD FAIRMONT, WV 26554-8612 304-366-4224 FAX x8503 CECIL RICE OR-OPK Speed Dial *117

## Reservoirs

<b>BERLIN LAKE</b> 7400 BEDELL ROAD BERLIN CENTER, OH 44401-9714 330-547-3801 FAX x5435 STEVE SHAW	<b>MOSQUITO CREEK LAKE</b> 2961 WARREN-MEADVILLE RD. CORTLAND, OH 44410-9321 330-638-7312 FAX 637-4567 JOHN KOLODZIEJSKI
--	--

## Attachment 9

OR-BB Speed Dial \*143

**CONEMAUGH RIVER LAKE**

RR #2, BOX 131

SALTSBURG, PA 15681-9302

724-459-7240 FAX x5370

DAVID BISHOP

OR-MC Speed Dial \*128

**CROOKED CREEK LAKE**

RR #3, BOX 323A

FORD CITY, PA 16226-8815

724-763-3161 FAX x9784

MELISSA SALSGIVER

OR-MK Speed Dial \*126

**EAST BRANCH LAKE**

631 EAST BRANCH DAM ROAD

WILCOX, PA 15870-9748

814-965-2065 FAX x3319

GARY FROELICH

OR-UE Speed Dial \*134

**KINZUA DAM/ALLEGHENY RES.**

1205 KINZUA ROAD

WARREN, PA 16365-5599

814-726-0661 FAX x0849

L. CHRISTIAN MOSEBACH

OR-UK Speed Dial \*131

**LOYALHANNA LAKE**

440 LOYALHANNA DAM ROAD

SALTSBURG, PA 15681-9302

724-639-9013 FAX x9818

DAVE BISHOP

OR-ML Speed Dial \*127

**MAHONING CREEK LAKE**

RR 1, BOX 229

NEW BETHLEHEM, PA 16242-9603

814-257-8811 FAX x8001

SAMUEL WAGNER

OR-UM Speed Dial \*129

**MICHAEL J. KIRWAN LAKE**

P.O. BOX 58

WAYLAND, OH 44285-0058

330-358-2622 FAX x2695

DIANE RUSZKIEWICZ

OR-BM Speed Dial \*142

**SHENANGO RIVER LAKE**

2442 KELLY ROAD

HERMITAGE, PA 16148-7308

724-962-7746 FAX x7744

PETE O'CONNELL

OR-BS Speed Dial \*140

Ranger Station 724-646-1124

**STONEWALL JACKSON LAKE**

1012 SKIN CREEK ROAD

WESTON, WV 26452-7435

304-269-4588 FAX x7453

ERIC MILLER

OR-MS Speed Dial \*136

**TIONESTA LAKE**

P.O. BOX 539

TIONESTA, PA 16353-0539

814-755-3512 FAX x3846

WILLIAM ALEX

OR-UT Speed Dial \*132

**TYGART LAKE**

RR 1, BOX 257

GRAFTON, WV 26354-9738

304-265-1760 FAX x0516

VACANT

OR-MT Speed Dial \*137

**WOODCOCK CREEK LAKE**

22079 STATE HIGHWAY 198

SAEGERTOWN, PA 16433-0629

814-763-4422 FAX x5629

EDWARD SCHWINDT

OR-UW Speed Dial \*133

**YOUGHIOGHENY LAKE**

497 FLANIGAN ROAD

CONFLUENCE, PA 15424-1932

814-395-3242 FAX x5124

CLYDE BRAUN

OR-MY Speed Dial \*138



## ATTACHMENT 9

OR-BK Speed Dial \*141

## Other Field Offices

**BEAVER AREA OFFICE**

1719 WILSON SHARPSVILLE RD  
CORTLAND, OH 44410-9303  
330-637-1024 FAX x1030  
J. MICHAEL BRADLEY  
OR-B Speed Dial \*139

**LOWER MON RESIDENT OFFICE**

1 EAST GRANT AVENUE  
DUQUESNE, PA 15110-1093  
412-466-4404/4426/4427  
FAX 412-466-4757  
JOE THOMAS  
CD-L Speed Dial \*118

**MON/KISKI AREA OFC**

RR 1, BOX 257B  
GRAFTON, WV 26354-9738  
304-265-1482 FAX x1652  
PATRICK DOCHERTY  
OR-MA Speed Dial \*135

**MONONGAHELA RIVER AREA OFC**

PO BOX 671, ROUTE 166  
MASON TOWN, PA 15461-0671  
724-583-1070 FAX x1958  
THOMAS FLYNN  
OR-MRA Speed Dial \*108

**FISH AND WILDLIFE OFFICE**

1665 ALEN ROAD STE A  
SALTSBURG PA 15681-8127  
724-459-7281 FAX x7294  
MIKE FOWLES Speed Dial \*147  
KIRK PIEHLER 724-459-5396  
OR-TR Speed Dial \*148

**FISHERY BIOLOGIST**

KINZUA DAM  
1205 KINZUA ROAD  
WARREN PA 16365-5599  
814-726-1241  
BOB HOSKINS  
OR-TR Speed Dial \*149

**OHIO-ALLEGHENY RIV AREA OFC**

3508 GRAND AVENUE  
PITTSBURGH, PA 15225-1510  
412-395-7650 FAX 412-395-7660  
JAMES PAHLMAN  
OR-AOA

**PEWARS**

3500 GRAND AVENUE  
PITTSBURGH, PA 15225-1584  
412-395-7607 FAX 412-644-5176 or x4900  
ED JONES  
OR-TP

**PGH CONSTRUCTION AREA OFC**

3510 GRAND AVENUE  
PITTSBURGH, PA 15225-1526  
412-395-7677 FAX 412-644-4287  
JOE ELWELL  
CD-P

**UPPER ALLEGHENY AREA OFC**

22079 STATE HIGHWAY 198  
SAEGERTOWN, PA 16433  
814-763-5037 FAX x5629  
GREGORY BELLICH  
OR-U Speed Dial \*130

## DEFINITIONS

### ATTACHMENT 10

<b>Audiogram</b>	Audiometric testing under OSHA standards at 500, 1000, 2000, 3000, 4000, and 6000 Hz, and comparing the current audiogram to the baseline audiogram to determine if there is a 20 loss at 1000, 2000, 3000, or 4000 Hz test frequency. Also, determine if a loss of 25 dB average at 500, 1000, 2000, and 3000 Hz exists. If any of these conditions exist the COR will be notified within five (5) days and provided test results.
<b>Audiogram Retest</b>	A second audiogram given to employees exhibiting a hearing loss on the first test. The retest is administered only after the employee has been removed from his/her noise environment for at least 14 hours. These results should be considered the baseline for those without a previous baseline.
<b>Back Evaluation</b>	In conjunction with a pre-placement/pre-employment physical examination, the Contractor will conduct a back evaluation for new employees or for employees transferring to a wage grade position in Operations Division. Prior to developing the assessment, the Contractor will have a therapist visit the work sites and measure the physical demands required by the job. The pre-placement lifting screen will be based on the job site analysis. The lifting demands of the individual job. All factors of the back evaluation will be within the guidelines of the newly enacted Americans With Disabilities Act and will be nondiscriminatory and job specific.
<b>Blood Chemistry Screen (SMAC 21)</b> Shall include the GGTP and typically may include the other tests.	<ul style="list-style-type: none"><li>a. Blood glucose</li><li>b. BUN - Blood Ura nitrogen</li><li>c. Creatinine</li><li>d. Bicarbonate</li><li>e. Sodium</li><li>f. Potassium</li><li>g. Chloride</li><li>h. Uric acid</li><li>i. Calcium</li><li>j. Phosphorus</li><li>k. Total protein</li><li>l. Albumin</li><li>m. Cholesterol</li><li>n. Triglyceride</li><li>o. Total bilirubin</li><li>p. Direct bilirubin</li></ul>

DEFINITIONS (CONTINUED)

(Attachment 10 continued)

- q. Alkaline phosphatase
- r. LDH - Lactic dehydrogenase
- s. SGOT - Glumatic oxaloatetic transaminase
- t. GGTP - Gamma Glutamyl Transpeptidase

**Blood Lead** This test is conducted on all employees who are exposed to welding and grinding operations and all maintenance employees from PEWARS and the Repair Party. Used to determine the level of lead in the blood for each designated individual, in micrograms per deciliter (ug/dl), **and** identify those with blood lead levels of 40 ug/dl or greater, per 29 CFR 1910 & 29 CFR 1926.

For those employees who are exposed at the action level of 30 ug/m<sup>3</sup>, Zinc protoporphyrin (ZPP), an ancillary test for lead exposure, will be conducted. These employees will have a note on their physical request forms stating the need for this test.

**Chest x-ray** For Category II only. Chest x-rays are only needed for divers as a baseline and then biannually, and for other workers *if* they have significant exposures to asbestos or hazardous waste sites. These exposures will be noted on the physical request forms.  
(14 x 17 posterior/anterior (PA) Chest film)  
(14 x 17 left lateral projection chest film)

**Intense Light** Ultraviolet, infrared, and intense visible light.

**PFT** Pulmonary Function Test. Includes at a minimum, the determination of Forced Expiratory Volume in 1 second (FEC1), Vital Capacity (FVC), and comparison with expected norms for the individual's age and height. Follow-up testing shall be necessary if the history or physical examination indicate a change in the employee's pulmonary function.

**Periodic Examination** Medical examination conducted every year to ensure that the employee remains physically suitable to perform his or her job, detect early or subclinical effects as a result of accidental or inadvertent **over**exposure to toxic chemicals or hazardous substances and to monitor for unanticipated effects of long-term,

## DEFINITIONS (CONTINUED)

low-level exposure to specific biological, chemical, and physical agents.

<b>Preplacement Examination</b>	Medical examination conducted to determine whether or not potential employees will be physically suitable to perform their assigned task and to provide baseline values for comparison with later values to aid in the detection of early or subclinical biological effects. This will include a back evaluation.
<b>Preseparation Examination</b>	Medical tests given to an employee included in the District's Medical Surveillance Program prior to leaving Government service to transferring to another agency to determine his or her health status at the time of termination or transfer.
<b>Skin Emphasis</b>	Detection of dermatoses or potentially contagious lesions of the skin.
<b>Urinalysis</b>	To include specific gravity tests for albumin, glucose, ketones, and bilirubin.
<b>Visual Screening</b>	To include tests of acuity, peripheral vision, depth perception, muscle balance, and color discrimination.

SUMMARY OF PROJECTS, PROJECT CODES, NO OF EMPLOYEES, TEST  
LOCATIONS AND SCHEDULE DATES FOR PHYSICALS

PROJECT	WORK ITEM	PROJECT CODES	NUMBER OF EMPLOYEES	TEST LOCATION	SCHEDULED DATES FOR PHYSICALS
Emsworth L/Dam Ohio River	0022VS	01	20	01	May- September
Dashields L/Dam Ohio River	0022VV	02	20	02	May- September
Montgomery L/Dam Ohio River	0022VW	03	20	03	May- September
New Cumberland L/D Ohio River	0022VX	04	16	04	May- September
Pike Island L/D Ohio River	0022VZ	05	16	05	May- September
Hannibal L/D Ohio River	0022W0	06	17	06	May- September
Lock 2 Allegheny River	0022JH	07	14	07	May- September
Lock 3, Allegheny River	0022JJ	08	12	08	May- September
Lock 4, Allegheny River	0022JK	09	9	09	May- September
Lock 5, Allegheny River	0022JL	10	6	10	May- September
Lock 6, Allegheny River	0022JM	11	5	11	May- September
Lock 7, Allegheny River	0022JN	12	2	11	May- September
Lock 8, Allegheny River	0022JP	13	1	11	May- September
Lock 9 Allegheny River	0022JQ	14	1	11	May- September
Lock 2, Mon River	0022JT	15	16	15	May- September
Lock 3, Mon River	0022JV	16	16	16	May- September
Lock 4, Mon River	0022JW	17	15	17	May- September

**SUMMARY OF PROJECTS, PROJECT CODES, NO OF EMPLOYEES, TEST  
LOCATIONS AND SCHEDULE DATES FOR PHYSICALS**

PROJECT	WORK ITEM	PROJECT CODES	NUMBER OF EMPLOYEES	TEST LOCATION	SCHEDULED DATES FOR PHYSICALS
Maxwell L/D Mon River	0022JX	18	16	18	May- September
Grays Landing	0022JZ	19	14*	19	May- September
Pt. Marion L.D Mon River	0022K0	20	14*	20	May- September
Morgantown L/D Mon River	0022VK	21	8	21	May- September
Hildebrand L/D Mon River	0022VL	22	6	21	May- September
Opekiska L/D Mon River	0022VN	23	6	21	May- September
Berlin Lake	001TD8	24	5	24	March-May
M.J. Kirwan Dam and Reservoir	001TBM	25	3	24	March-May
Mosquito Creek Lake	001T8D	26	3	27	March-May
Shenango River Lake	001T8T	27	6	27	March-May
East Branch Clarion River Lake	001TGG	28	3	28	March- May
Allegheny Reservoir/Kinzua Dam	001T6D	29	5	29	March-May
Tionesta Lake	001T9W	30	4	29	March-May
Woodcock Creek Lake	001TCN	31	3	31	March-May
Conemaugh River Lake	001TF6	32	4	34	March-May
Crooked Creek Lake	001TG3	33	4	33	March-May
Loyalhanna Lake	001T74	34	5	34	March-May
Mahoning Creek Lake	001T7H	35	3	35	March-May
Tygart Lake	001TCH	36	3	36	March-May
Youghiogheny Lake	001TD9	37	6	37	March-May

SUMMARY OF PROJECTS, PROJECT CODES, NO OF EMPLOYEES, TEST  
LOCATIONS AND SCHEDULE DATES FOR PHYSICALS

PROJECT	WORK ITEM	PROJECT CODES	NUMBER OF EMPLOYEES	TEST LOCATION	SCHEDULED DATES FOR PHYSICALS
Stonewall Jackson Lake	001T96	38	3	36	March- May
Pgh Engineer Warehouse	RF4000	39	96	39	Feb-April

PERIODIC AND PRESEPERATION

CATEGORY I

U.S. ARMY CORPS OF ENGINEERS

CORPS GIVES TO EMPLOYEE:

- Authorization Form (CEORPFL 2062) - Attach #7
- Appointment Notification (CEORPFL 2063)
- Request for Release of Medical Information (CEORPFL 2064) - Attach #8
- Notice to Private Physician (CEORPFL 2067) - If Applicable
- Optional Blood Lead Test Authorization

EMPLOYEE GIVES TO CONTRACTOR:

- Authorization Form (CEORPFL 2062) - Attach #7
- Request for Release of Medical Information (CEORPFL 2064) - Attach #8

CONTRACTOR

CONTRACTOR MAILS (within 3 weeks) TO EMPLOYEE:

- Employee Health Evaluation Data Profile - supplied by Contractor
- Occupational Health Test Results - Attach #5

CONTRACTOR MAILS (within 3 weeks) TO CORPS' CDR

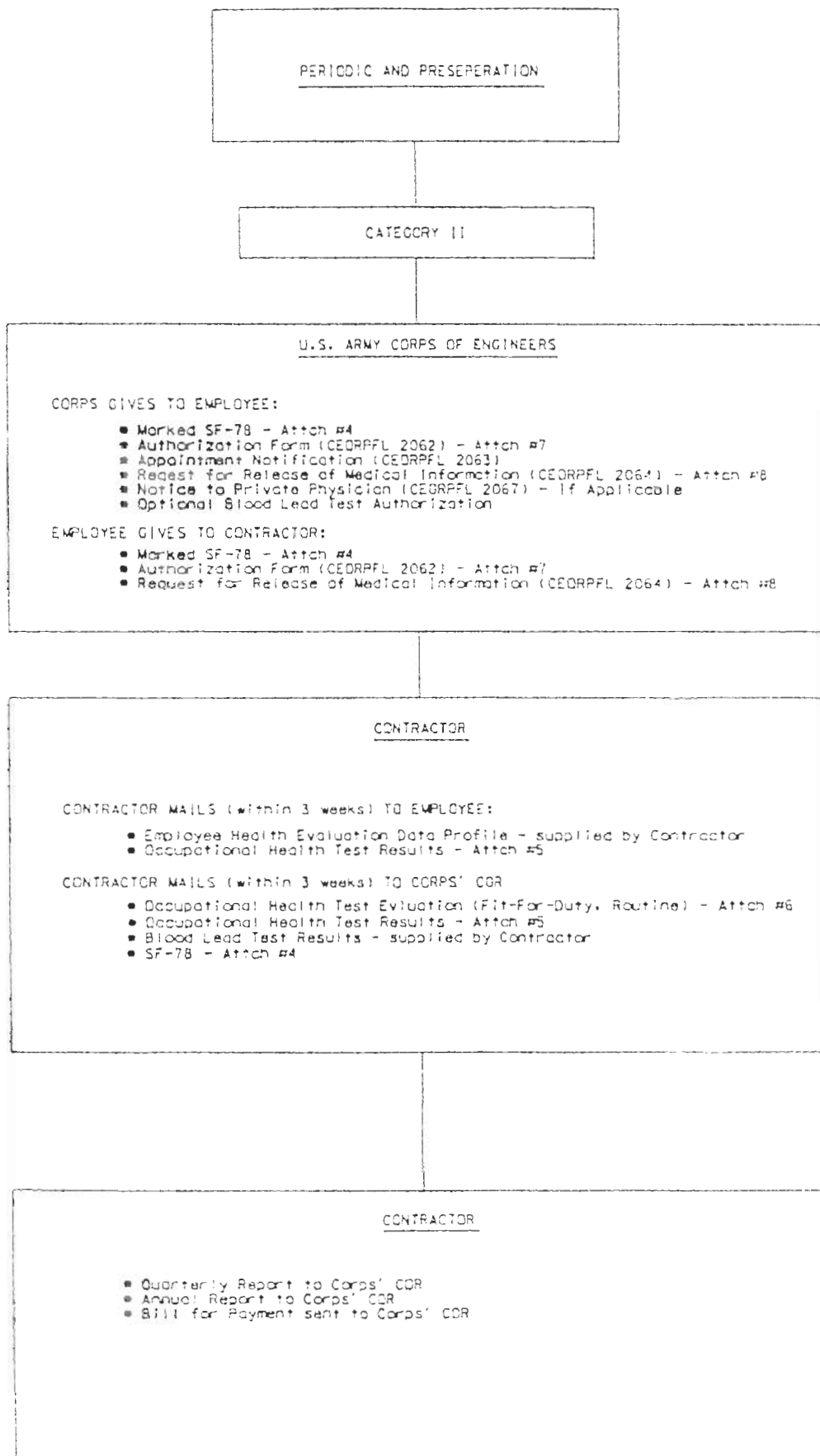
- Occupational Health Test Evaluation (Fit-For-Duty, Routine) - Attach #6
- Occupational Health Test Results - Attach #5
- Blood Lead Test Results - supplied by Contractor

CONTRACTOR

- Quarterly Report to Corps' CDR
- Annual Report to Corps' CDR
- Bill for Payment sent to Corps' CDR



ATTACHMENT #12, PAGE 2 OF 4  
GENERAL PROCEDURE FOR ROUTING FORMS



PERIODIC AND PRESEPERATION

CATEGORY III

U.S. ARMY CORPS OF ENGINEERS

CORPS GIVES TO EMPLOYEE:

- Marked SF-78 - Attach #4
- Authorization Form (CECRPFL 2062) - Attach #7
- Appointment Notification (CECRPFL 2063)
- Request for Release of Medical Information (CECRPFL 2064) - Attach #8
- Notice to Private Physician (CECRPFL 2067) - if Applicable
- Optional Blood Lead Test Authorization

EMPLOYEE GIVES TO CONTRACTOR:

- Marked SF-78 - Attach #4
- Authorization Form (CECRPFL 2062) - Attach #7
- Request for Release of Medical Information (CECRPFL 2064) - Attach #8

CONTRACTOR

CONTRACTOR MAILS (within 3 weeks) TO EMPLOYEE:

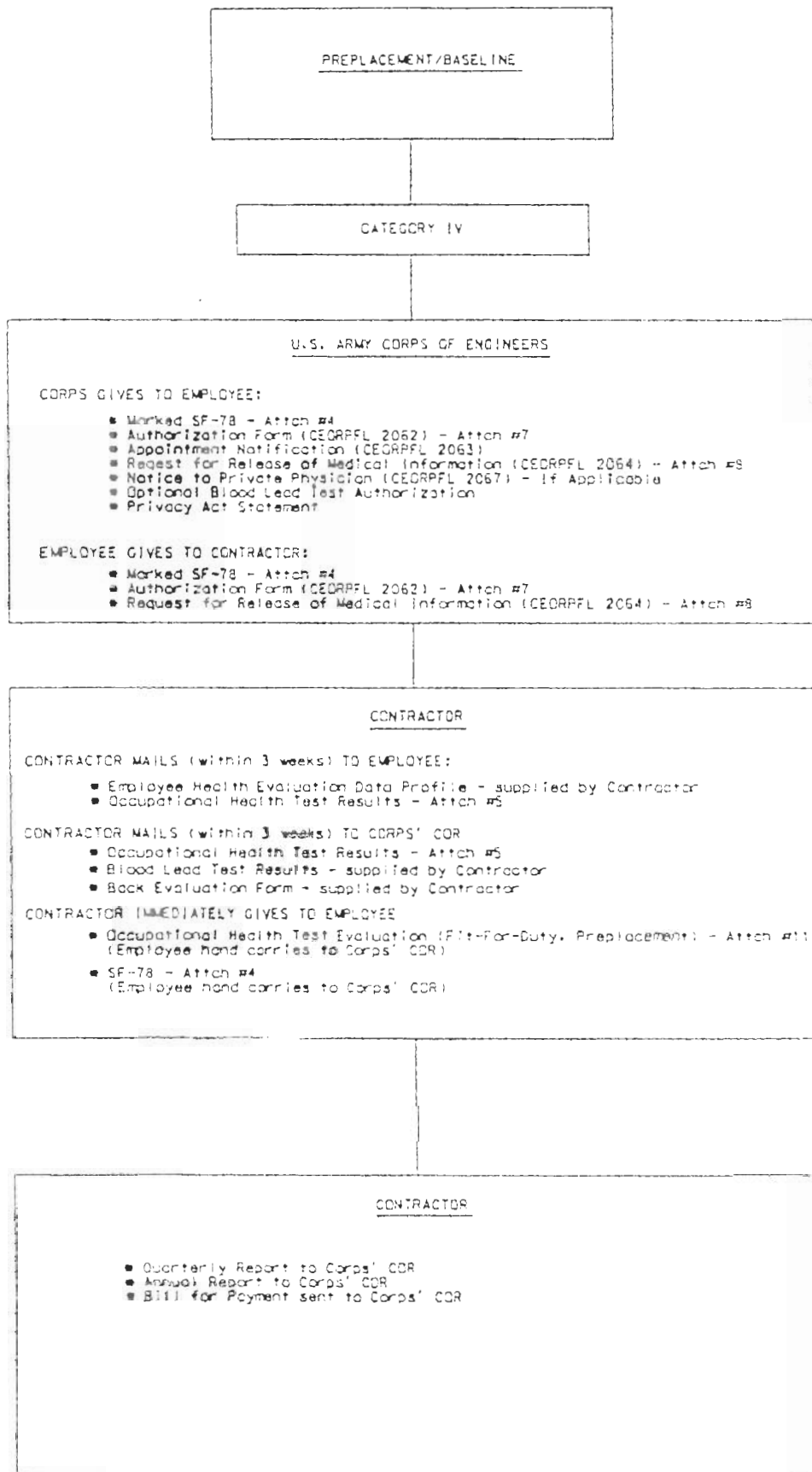
- Employee Health Evaluation Data Profile - supplied by Contractor
- Occupational Health Test Results - Attach #5

CONTRACTOR MAILS (within 3 weeks) TO CORPS' CDR

- Occupational Health Test Evaluation (Fit-For-Duty, Root(ine) - Attach #6
- Occupational Health Test Results - Attach #5
- Blood Lead Test Results - supplied by Contractor
- SF-78 - Attach #4

CONTRACTOR

- Quarterly Report to Corps' CDR
- Annual Report to Corps' CDR
- Bill for Payment sent to Corps' CDR



Attachment 13

**MEDICAL EVALUATION OF UNDERWATER DIVERS**

1. The examination must contain the following tests and standards as indicated in Part B, Paragraph 4, of Standard Form SF-78:

a. Functional Requirements: Items 1, 4, 7-22, 24-25, 30-32, and 35 (Steady nerves; Working under 25 lbs. air pressure. Ear drums sensitive to pressure).

b. Environmental Factors: Items 1-6, 7-10, 12-14, 16-21, 23, 25-27, and 29 (Working underwater)